MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 364   Primary Registration District No. 5896   Registrar's No. 78

STATE FILE NUMBER 63-029365

5896   78

FILED JUL 2 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS:

INSTEAD OF — SHOULD READ

ITEM NO.	
1	0770
2	0770
3	2
4	0
5	1
6	
7	1
8	3
9	331 X
10	
11	
12	90-2
13	30

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY: Ozark

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Wasola Township   Length of stay in 1b: 4yrs

c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location):   Inside Limits Yes ☐ No ☑

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE: Missouri   b. COUNTY: Ozark

c. CITY OR TOWN: Wasola,   Inside Limits Yes ☐ No ☑

d. STREET ADDRESS (If outside, give location):   Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First — Arthur   Middle — Marshall   Last — Lindblad

4. DATE OF DEATH — Month: July   Day: 16,   Year: 1963

5. SEX: Male   **6. COLOR OR RACE:** White

7. Married ☑   Never Married ☐   Widowed ☐   Divorced ☐

8. DATE OF BIRTH: 6-6-09   **9. AGE** (last birthday): 54   IF UNDER 1 YEAR: Months / Days   IF UNDER 24 HRS: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant Operator, Country Kitchen

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Chicago, Ill.

12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Arthur B. Lindblad

13b. MOTHER'S MAIDEN NAME: -----Worcestershire

14. NAME OF HUSBAND OR WIFE: Violet Lindblad

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT — Address: Violet Lindblad, Wasola, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Cerebral hemorrhage

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____

DUE TO (c) _____

INTERVAL BETWEEN ONSET AND DEATH: 2 hours

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐   SUICIDE ☐   HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY — Hour: a.m. p.m.   Month, Day, Year:

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐   7/16/63

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 7/16/63

20f. CITY, TOWN, OR LOCATION: COUNTY: 7/16/63   STATE:

21. I attended the deceased from ____, to ____ and last saw him alive on ____

Death occurred at 10:A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: M. J. Noerman, DO

22b. ADDRESS: Gainesville, Missouri

22c. DATE SIGNED: 7/18/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial   **23b. DATE:** 7-19-63

23c. NAME OF CEMETERY OR CREMATORY: Oak Grove

23d. LOCATION (City, town, or county): Wasola, Missouri (State)

24. FUNERAL DIRECTOR — ADDRESS: Clinkingbeard Funeral Home, Ava, Mo.

25. DATE RECD. BY LOCAL REG.: 7-20-63

26. REGISTRAR'S SIGNATURE: Barbara Shaw

(Licensed Embalmer's Statement on Reverse Side)

SEP 20 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____   Signed) *Lyle C. Clickingbeard*
       Signature of Student Embalmer

                                         Licensed Embalmer No._*4830*_____

                                         P. O. Address_*Ave, Mo,*_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.